

FORM B1							<b>United States Bankruptcy Court Northern District of Illinois - Western Division</b>						<b>Voluntary Petition</b>			
Name of Debtor (if individual, enter Last, First, Middle): <b>Payne, Joseph Homer</b>								Name of Joint Debtor (Spouse) (Last, First, Middle):								
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):								All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):								
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-2171</b>								Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):								
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>570 Darlington Lane # 38 Crystal Lake, IL 60014</b>								Street Address of Joint Debtor (No. & Street, City, State & Zip Code):								
County of Residence or of the Principal Place of Business: <b>McHenry</b>								County of Residence or of the Principal Place of Business:								
Mailing Address of Debtor (if different from street address):								Mailing Address of Joint Debtor (if different from street address):								
Location of Principal Assets of Business Debtor (if different from street address above):																
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank								<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding								
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business								<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.								
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																
<b>Statistical/Administrative Information</b> (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.														THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of Creditors																
Estimated Assets																
Estimated Debts																
Estimated Number of Creditors																
Estimated Assets																
Estimated Debts																

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 11 Payne, Joseph Homer		FORM B1, Page 2	
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)					
Location Where Filed: <b>Northern District of Illinois, Western Division</b>		Case Number: <b>00-71422</b>		Date Filed: <b>5/02/00</b>	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)					
Name of Debtor: <b>- None -</b>		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
<b>Signatures</b>					
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
<b>X</b> <u>/s/ Joseph Homer Payne</u> Signature of Debtor <b>Joseph Homer Payne</b>			<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
<b>X</b> _____ Signature of Joint Debtor			<b>X</b> <u>/s/ Cynthia J. Briscoe</u> <b>October 14, 2005</b> Signature of Attorney for Debtor(s) Date <b>Cynthia J. Briscoe 06187421</b>		
_____ Telephone Number (If not represented by attorney)			<b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
<b>X</b> <u>/s/ Cynthia J. Briscoe</u> Signature of Attorney for Debtor(s) <b>Cynthia J. Briscoe 06187421</b> Printed Name of Attorney for Debtor(s) <b>BRISCOE LAW OFFICES</b> Firm Name <b>210 N. Walkup Avenue</b> <b>Crystal Lake, IL 60014</b> Address <b>Email: briscoelaw@earthlink.net</b> <b>815-455-6868 Fax: 815-455-6874</b> Telephone Number <b>October 14, 2005</b> Date			I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. _____ Printed Name of Bankruptcy Petition Preparer _____ Social Security Number (Required by 11 U.S.C. § 110(c).) _____ Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>X</b> _____ Signature of Bankruptcy Petition Preparer _____ Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		
<b>X</b> _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date					

Form B6D  
(12/03)

In re **Joseph Homer Payne**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. <b>x020-9</b>			<b>12/03</b>					
<b>HSBC Auto Finance</b>			<b>Automobile loan</b>					
<b>P.O. Box 17904</b>			<b>2004 Jeep Grand Cherokee</b>					
<b>San Diego, CA 92177</b>		-						
			Value \$ <b>14,000.00</b>				<b>21,203.73</b>	<b>7,203.73</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

0 continuation sheets attached

Subtotal  
(Total of this page)

**21,203.73**

Total  
(Report on Summary of Schedules)

**21,203.73**

In re **Joseph Homer Payne**

Debtor

Case No. \_\_\_\_\_

## SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Form B6E - Cont.  
(04/05)

In re Joseph Homer Payne  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

### Taxes and Certain Other Debts Owed to Governmental Units

#### TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No. <b>xxx-xx-2171</b>			<b>2004</b>					
<b>ILL. Dept. of Revenue Bankruptcy Section P.O. Box 64338 Chicago, IL 60664</b>		-	<b>Income Tax Liability</b>				<b>81.39</b>	<b>81.39</b>
Account No. <b>xxx-xx-2171</b>			<b>2003</b>					
<b>Internal Revenue Service Special Procedures Stop 5013-CHI P.O. Box 745 Chicago, IL 60690</b>		-	<b>Income Tax Liability</b>				<b>3,237.30</b>	<b>3,237.30</b>
Account No. <b>xxx-xx-2171</b>			<b>2004</b>					
<b>Internal Revenue Service Special Procedures Stop 5013-CHI P.O. Box 745 Chicago, IL 60690</b>		-	<b>Income Tax Liability</b>				<b>603.33</b>	<b>603.33</b>
Account No.								
Account No.								

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**3,922.02**

Total  
(Report on Summary of Schedules)

**3,922.02**

Form B6F  
(12/03)

In re **Joseph Homer Payne**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x6277</b>  <b>Advanced Neurological Care</b> <b>615 Dakota</b> <b>Crystal Lake, IL 60014</b>	-	<b>2003</b> <b>Medical services</b>				<b>223.10</b>
Account No. <b>6012</b>  <b>Citicorp Bank Cards Classic</b> <b>c/o CollectCorp</b> <b>455 N. 3rd St, Ste 260</b> <b>Phoenix, AZ 85004</b>	-	<b>Credit card purchases</b>				<b>5,359.33</b>
Account No. <b>xx4398</b>  <b>Crystal Lake Dermatology</b> <b>278 Memorial Dr</b> <b>Crystal Lake, IL 60014</b>	-	<b>2003</b> <b>Medical services</b>				<b>582.00</b>
Account No. <b>6039</b>  <b>First Premier Bank</b> <b>c/o Financial ecovery Services,Inc</b> <b>P.O. Box 385908</b> <b>Minneapolis, MN 55438</b>	-	<b>Credit card purchases</b>				<b>588.90</b>
Subtotal (Total of this page)						<b>6,753.33</b>

1 continuation sheets attached

Form B6F - Cont.  
(12/03)

In re **Joseph Homer Payne**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>7387</b>		<b>Credit card purchases</b>				
<b>Merrick Bank CMS c/o GC Services P.O. Box 721660 Oklahoma City, OK 73172</b>	-					<b>1,610.96</b>
Account No. <b>7021</b>		<b>2005 Utilities</b>				
<b>Nextel c/o AFNI P.O. Box 3517 Bloomington, IL 61701</b>	-					<b>462.90</b>
Account No. <b>1969</b>		<b>2002 Medical services</b>				
<b>Syed S. Asghar M.D. 80 N. Virginia, Ste A Crystal Lake, IL 60014</b>	-					<b>184.00</b>
Account No.						
Account No.						
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,257.86</b>
						<b>Total (Report on Summary of Schedules)</b>
						<b>9,011.19</b>

**United States Bankruptcy Court**  
**Northern District of Illinois - Western Division**

In re Joseph Homer Payne

Debtor(s)

Case No.

Chapter

13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>2,000.00</u>
Prior to the filing of this statement I have received.....	\$	<u>500.00</u>
Balance Due.....	\$	<u>1,500.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: October 14, 2005

/s/ Cynthia J. Briscoe

Cynthia J. Briscoe 06187421

BRISCOE LAW OFFICES

210 N. Walkup Avenue

Crystal Lake, IL 60014

815-455-6868 Fax: 815-455-6874

briscoelaw@earthlink.net



**United States Bankruptcy Court  
Northern District of Illinois - Western Division**

In re **Joseph Homer Payne**

Debtor(s)

Case No.

Chapter

**13**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **11**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **October 14, 2005**

**/s/ Joseph Homer Payne**

**Joseph Homer Payne**

Signature of Debtor

Advanced Neurological Care  
615 Dakota  
Crystal Lake, IL 60014

Citicorp Bank Cards Classic  
c/o CollectCorp  
455 N. 3rd St, Ste 260  
Phoenix, AZ 85004

Crystal Lake Dermatology  
278 Memorial Dr  
Crystal Lake, IL 60014

First Premier Bank  
c/o Financial recovery Services, Inc  
P.O. Box 385908  
Minneapolis, MN 55438

HSBC Auto Finance  
P.O. Box 17904  
San Diego, CA 92177

ILL. Dept, of Revenue  
Bankruptcy Section  
P.O. Box 64338  
Chicago, IL 60664

Internal Revenue Service  
Special Procedures Stop 5013-CHI  
P.O. Box 745  
Chicago, IL 60690

Internal Revenue Service  
Special Procedures Stop 5013-CHI  
P.O. Box 745  
Chicago, IL 60690

Merrick Bank CMS  
c/o GC Services  
P.O. Box 721660  
Oklahoma City, OK 73172

Nextel  
c/o AFNI  
P.O. Box 3517  
Bloomington, IL 61701

Syed S. Asghar M.D.  
80 N. Virginia, Ste A  
Crystal Lake, IL 60014